Mariannette Miller-Meeks, B.S.N., M.Ed., M.D. Director

Terry E. Branstad Governor Kim Reynolds Lt. Governor

## Data Request Application for Pregnancy Risk Assessment Monitoring System

Date of Application	Dat	e of Revision	
PROJECT TITLE:			
PRINCIPAL INVESTIGATOR (attach r	esume)		
Name and Title			
Telephone	Extension	Fax #	
Affiliation and source of funding (organ	ization/institution nam	e and address)	
Name and Title	, 	LTY ADVISOR/SUPERVISOR (attach r	
Telephone	Extension	Fax #	
INTENDED START DAT	E:	INTENDED COMPLETION DA	TE:

- 1. **Purpose:** List the purpose of your project(s). What are the goals and research questions or hypotheses to be addressed?
- 2. **Background:** Explain the public health importance of your project. Provide a rationale for why PRAMS data are useful for the proposed study.
- 3. **Methods:** Provide a list of the specific variables that you will need for your study. What statistical methods do you plan to use to conduct your analysis? List known or potential limitations of these data.
- 4. **Results:** Although the analysis has not been initiated, please provide sample table shells or figures for review.
- 5. **Discussion:** While the results are not known, discuss the following: How might theses results enhance public health practice and/or benefit state of Iowa families and children? How do you plan to use the results, for example, a publication in a peer-reviewed journal, a program or policy brief, local, regional, or national presentation?
- 6. **Experience with relevant statistical packages:** Indicate the level of experience that project staff and researchers have with the relevant statistical package. For students, please provide this information about your faculty advisor/supervisor.
- 7. **Legal authority:** IDPH permits use of the data for research purposes which are not for private gain (lowa code section 641 Chapters 175.9(2)(b), 175.10(2)(b)).

## Submit a hard copy of the request to:

Sarah Mauch
PRAMS Project Coordinator
IDPH-Bureau of Family Health
Lucas State Office Building
321 E. 12<sup>th</sup> St., 5<sup>th</sup> Floor
Des Moines, IA 50319-0075

Signature li	ne for prima	ary investigat	tor/applicant: